



# TOWN OF KINDERSLEY SIGN PERMIT APPLICATION

Application No.(S #) \_\_\_\_\_

**1. APPLICANT: PLEASE PRINT**

NAME: \_\_\_\_\_ Email: \_\_\_\_\_

Civic Address: \_\_\_\_\_ P.O.Box # \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #: Res: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

**2. PROPERTY OWNER Same as APPLICANT: Yes ; No**

Property Owner NAME: \_\_\_\_\_ Email: \_\_\_\_\_

Civic Address: \_\_\_\_\_ P.O.Box # \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #: Res: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Fax \_\_\_\_\_

**3. LEGAL LAND DESCRIPTION:**

Sign Location Civic Address: \_\_\_\_\_

Lot or Parcel \_\_\_\_\_ Block \_\_\_\_\_ Registered Plan No \_\_\_\_\_ Certificate of Title No \_\_\_\_\_

I hereby apply under the provisions of Bylaw No. 04-14 for permission to erect the following sign:

1. Sign Message: \_\_\_\_\_

2. To Be Located On:  Front  Side  Rear OF  Building OR  Yard

3. How many faces will the sign have? \_\_\_\_\_

4. Will the sign rotate?  Yes  No \_\_\_\_\_ r.p.m.

5. Will the sign project beyond the property line?  Yes  No

If yes, how far: \_\_\_\_\_

6. Length of Sign: \_\_\_\_\_ Width: \_\_\_\_\_

7. Maximum single face sign area: \_\_\_\_\_

Total face sign area (total of all sides): \_\_\_\_\_

8. Top of sign height: \_\_\_\_\_

9. Sign Clearance from ground to bottom of sign (or from roof level to top of sign if a roof sign):

10. Illumination:  Internal / Steady  External / Steady  Internal / Flashing  External / Flashing

Please mark (X) one box in each of the following columns

<input type="checkbox"/> Billboard <input type="checkbox"/> Fascia <input type="checkbox"/> Freestanding <input type="checkbox"/> Projecting <input type="checkbox"/> Roof	<input type="checkbox"/> Bank Sign <input type="checkbox"/> Canopy <input type="checkbox"/> Marquee <input type="checkbox"/> Portable <input type="checkbox"/> Tenant Panel	<input type="checkbox"/> Brand New <input type="checkbox"/> Existing <input type="checkbox"/> Relocation <input type="checkbox"/> Renovation <input type="checkbox"/> Replacement	<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric
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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant / Owner / Agent